

Experience | Patient-centred | **Custom Indicator**

	Last Year		This Year		
Indicator #2	73.00	75	68.40	--	NA
% of residents would recommend this home to others. (Sumac Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 Implemented Not Implemented

Identify 3 areas of focus which the home is confident it can improve upon.

Process measure

- Internal audits will assist in determining some of the focused areas. 2024 resident satisfaction survey will determine if the planned focus areas improved upon the indicator.

Target for process measure

- 75%, corporate target

Lessons Learned

Successfully actioning the findings of our internal audits are met with the challenges of being an older long-term care home. Nonetheless, residents and family members are engaged in exploring change ideas.

Indicator #3	Last Year		This Year		
	Family would recommend this home to others. (Sumac Lodge)	73.00 Performance (2024/25)	85 Target (2024/25)	88.90 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Identify 3 areas of focus which the home is confident it can improve upon and would be beneficial to residents and family members.

Process measure

- Internal audits will identify progress with some of the action items focused on. The 2024 survey will determine if the 3 areas focused on have improved this indicator.

Target for process measure

- 85%, corporate target.

Lessons Learned

Family Council is active in bringing ideas forward and feel comfortable raising concerns with staff and leadership. We continue to develop this partnership going forward.

Indicator #5	Last Year		This Year		
	I am updated regularly about any changes in my home. (Sumac Lodge)	51.00 Performance (2024/25)	62 Target (2024/25)	71.40 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Registered staff to update residents on changes in home (example - out of outbreak). DOC/ADOC to discuss at registered staff meeting(s). - Update residents with a monthly newsletter including a brief update from each department. - Information pamphlet provided to residents. - Create a resident/family quality information board posting items such as satisfaction surveys, survey action plans, QIP, quality indicators, initiatives, capital plans and more. - Regular updates at residents council meetings from department managers, if invited as per process.

Process measure

- 2024 Resident satisfaction survey results specific to this question.

Target for process measure

- 62%, LTC division average

Lessons Learned

Daily huddles with team members, monthly newsletters, quality boards and regular updates at resident council have resulted in improved communication.

Indicator #4	Last Year		This Year		
	I am satisfied with the quality of maintenance of the physical building and outdoor space. (Sumac Lodge)	54.00 Performance (2024/25)	71 Target (2024/25)	81.50 Performance (2025/26)	-- Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

- Focused audits of each room identifying any areas required for improvements with maintenance. - Ensure sustainability methods are adhered to with the homes MBWA audit and applicable logs/audits assessing all areas of the home on a identified cadence with higher risk rooms on a more frequent basis. - Environmental Services Manager to complete maintenance audits as per quality calendar and address any deficiencies. - Respond to any areas of concern raised from residents and family councils in a timely manner. - Complete focused maintenance projects identified at the home.

Process measure

- 2024 survey question will indicate progression of this specific indicator.

Target for process measure

- 72%, corporate target

Lessons Learned

Investments in the physical needs of the long-term care home have proven to be successful. Sustaining these updates has been achieved through the use of audits and maintenance logs.

Safety | Safe | Optional Indicator

Indicator #7	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of LTC home residents who fell in the 30 days leading up to their assessment (Sumac Lodge)	11.64	15	21.00	-80.41%	15

Change Idea #1 Implemented Not Implemented

Improve fall prevention program awareness with all departments.

Process measure

- # of falls per unit decreased. # of staff involved in engagement activities. # of falls teams meetings

Target for process measure

- June 30th, 2024

Lessons Learned

Falls lead provides consistent education to staff and works collaboratively with the expanded rehab program to minimize falls. this has been effective.

Change Idea #2 Implemented Not Implemented

Improved fall prevention care planning.

Process measure

- # of care plans audited # of care plan changes (interventions) completed.

Target for process measure

- June 30th, 2024

Lessons Learned

Focused audits have been implemented to improve fall prevention care planning with the inter-disciplinary team.

Change Idea #3 **Implemented** **Not Implemented**

Conduct environmental assessments of resident spaces to identify potential fall risk areas and address areas for improvement

Process measure

- # of environmental assessments completed monthly # of identified deficiencies from assessments that were corrected monthly

Target for process measure

- Environmental risk assessments of resident spaces to identify fall risk will be completed by June 2024

Lessons Learned

Fall prevention strategies are in place. The structure and design of the building contributes to congestion in the long-term care home at times.

Change Idea #4 **Implemented** **Not Implemented**

Implementation of a new 'buddy up' program where a dedicated team member monitors residents have increased risk of falling.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

Falls lead provides education on this new program and works with front-line team members to sustain implementation.

Comment

Expansion of the falls team, implementation of the buddy up program and increased staffing are creating improved falls awareness in the Home. Falls lead is tracking and trending data to identify when and where falls occur more frequently.

Indicator #8	Last Year		This Year		
	Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment (Sumac Lodge)	23.15 Performance (2024/25)	17.30 Target (2024/25)	31.36 Performance (2025/26)	-35.46% Percentage Improvement (2025/26)

Change Idea #1 Implemented Not Implemented

Medication reviews completed for all residents currently prescribed antipsychotics

Process measure

- # of residents reviewed monthly # of plans of care reviewed that have supporting diagnosis # of reduction strategies implemented monthly

Target for process measure

- All residents currently prescribed antipsychotics will have a medication review completed by July 2024

Lessons Learned

Regular reviews continue with an emphasis on deprescribing as able has been effective strategy and will continue.

Change Idea #2 Implemented Not Implemented

Consultation with internal and/or external resources to review any prescribing trends.

Process measure

- # of consultations completed. # of changes with alternate prescribing.

Target for process measure

- By July 31st, 2024.

Lessons Learned

The transition to a new medical director occurred in 2024. Additional support provided to explore alternate options.

Change Idea #3 Implemented Not Implemented

Improve non-pharmacological approaches to responsive behaviours.

Process measure

- # of staff educated on non-pharmacological interventions available.

Target for process measure

- By July 31st, 2024.

Lessons Learned

Regular education provided to registered team members on non-pharmalogical interventions has been an effective strategy.

Comment

Internal processes altered to include BSO lead input into non-pharmalogical interventions and completion of appropriate assessments prior to medication options.

Safety | Safe | Custom Indicator

Indicator #6	Last Year		This Year		
	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)
Percentage of long-term care home residents who developed a stage 2 to 4 pressure ulcer or had a pressure ulcer that worsened to a stage 2, 3 or 4 (Sumac Lodge)	2.60	2	1.30	--	NA

Change Idea #1 Implemented Not Implemented

Review current bed systems/surfaces for residents with PURS score 3 or greater.

Process measure

- # of residents with PURS score 3 or greater # of reviews completed of bed surfaces/mattresses monthly # of bed surfaces /mattresses replaced monthly

Target for process measure

- A review of the current bed systems/surfaces for residents with PURS score 3 or greater will be completed by August 2024

Lessons Learned

Bed systems were replaced for all residents with PURS score 3 or greater.

Change Idea #2 Implemented Not Implemented

Improve Registered staff knowledge on identification and staging of pressure injuries

Process measure

- # of education sessions provided monthly for Registered staff on correct staging of pressure injuries and nutrition/hydration.

Target for process measure

- 100% of registered staff will have received education on identification and staging of pressure injuries and nutrition/hydration by Sept 2024

Lessons Learned

Wound care overview education provided to registered team members in addition to wound care procedures to prevent infections.

Change Idea #3 Implemented Not Implemented

Tracking MASDs and implemented 3 step routine in place.

Process measure

- No process measure entered

Target for process measure

- No target entered

Lessons Learned

3 step process implemented to heal and prevent MASDs. Proven successful.

	Last Year		This Year		
Indicator #1	0.00	2.50	0.00	--	NA
% of LTC residents with restraints (Sumac Lodge)	Performance (2024/25)	Target (2024/25)	Performance (2025/26)	Percentage Improvement (2025/26)	Target (2025/26)

Change Idea #1 **Implemented** **Not Implemented**

Continue with current methods as the home is restraint free.

Process measure

- # of restraints reviewed.

Target for process measure

- # of restraints.

Lessons Learned

Providing education to new residents and families on our approach to least restraints was effective. We continue to remain restraint free in our home.